

CINCINNATI SMALL BUSINESS LOAN FUNDS



l.	GENERAL INFORMATION			
	Name of Business :			
	Type of Business:			
	Federal Tax I.D.:			
	Address:			
	Telephone:	Fax:		
	Date Business Established:	How Long Owned:		
II.	OWNERSHIP & MANAGEMENT STRUCTURE			
	Business Organizational Structure:			
	Sole Proprietorship Corporation	Partnership		
	LLC Limited Par	rtnership		
	List all proprietors, partners, and/or stockholders with at le	east 20% ownership in the business:		
	Name and Title:			
	Address:			
	Percent Ownership Phone Numb	er		
	Name and Title:			
	Address:			
	Percent Ownership Phone Numb	er		
III.	BANKING RELATIONSHIP DATA			
	Name of Bank:			
	Address:			
	Account Type(s):			
	Contact Info			

Page 1 of 7 Revised May 11, 2004

	Scope of Project:			Estimated Project Cost	
	()	Real Property Acquisition		\$	
	()	 () Building Renovation () Infrastructure Improvements () Leasehold Improvements () Purchase of Machinery/Equipment 		\$	
	()			\$	
	()			\$	
	()			\$	
	()	Working Capit	al	\$	
	()	Inventory		\$	
	()	Other - Please	Specify	\$	
	TOTAL PROJECT COST		CT COST	\$	
	Have any cost estimates for this project been obtained? If so, for what, and when were they obtained?			Yes No	
V.	SOURCE(S) OF PROJECT FUNDS				
	Owner Equity:		\$	% of Total Project	
	Bank I	Loan:	\$	% of Total Project	
	City Lo	oan:	\$	% of Total Project	
	Private	e Financing:	\$	% of Total Project	
	Other_		\$	_ % of Total Project	
	TOTAL	PROJECT:	\$	_	

IV.

PROJECT BUDGET & FINANCIAL INFORMATION

Please attach detailed information related to other sources of financing.

Page 2 of 7 Revised May 11, 2004

VI. COLLATERAL INFORMATION – BUSINESS & PERSONAL

<u>Туре</u>	Existing Lien? (Secured/Unsecured)		Estimated Fair Market Value				
() Real Estate / Business	\$		\$				
() Real Estate / Personal	\$		\$				
() Equipment / Fixtures	\$		\$				
() A/R and Inventory	\$		\$				
() Personal Property	\$		\$				
() Vehicles / Automobiles	\$		\$				
() Other (Specify)	\$		\$				
Status of the Property Currently O	Status of the Property Currently Occupied by the Business:						
Owned	Leased	Leased w/option to buy_					
Lease Price and Terms							
If owned, is there an outs	If owned, is there an outstanding mortgage? Yes No						
If there is/are mortgage(s), provide the following information pertaining to the mortgage and any other liens:							
	Amount	Length of Financing Term	Interest Rate Fix/Adj				
1st Mortgage	\$						
2nd Mortgage	\$						
Oud Markeone	*						
3rd Mortgage	\$						

Page 3 of 7 Revised May 11, 2004

VII. DOCUMENTATION REQUIREMENTS:

In order to move forward with your loan application, we will need the following information:

- 1) <u>Brief History and Description of the business</u>, including market and projected business future. (Please be prepared to provide details on any co-owned or affiliate businesses.)
- 2) <u>Detailed Description of Project</u> and anticipated benefit from loan.
- 3) Personal Financial Statements and Three (3) Years Personal Income Tax returns from each owner of 20% or more of the company.
- 4) Management Resume(s) of all owners and key staff.
- 5) <u>Historical Business Financial Statements (or tax returns)</u> for the past three years.
- **6)** <u>Current Business Financial Statement</u> (less than ninety (90) days old.
- 7) <u>Income Projections</u> with explanations.
- 8) Existing Debt / Loan Schedule (see attached form)
- 9) <u>Credit Report Authorization form</u>
- 10) Income Verification Form for all current employees

VIII. INELIGIBLE PERSON(S):

Per City of Cincinnati Ordinance No. 366-1996, any person or affiliate who is on the City of Cincinnati's Financial Obligation Ineligibility List due to being delinquent in the payment of any financial obligation to the City and/or any of its Departments, Boards, or Commissions, shall not be eligible for any City award.

The applicant or affiliate hereby certifies that the applicant or affiliate is not delinquent in the payment of any financial obligation to the City and/or any of its Departments, Boards, or Commissions.

I, the undersigned making application, certify that all information contained in the application is true and accurate.

Name: Date:	
-------------	--

Cincinnati Small Business Loan Fund staff are available to answer any questions you may have regarding the program or the application process. Please call Sam J. Stephens at (513) 352-6251.

For Official Use Only: City of Cincinnati CDBG Eligibility Review				
Name:		Date:		
Empowerment Zone Y N	Job Creation Y N	Job Retention Y N		
Low-to-Moderate Area Benefit Y N	Slum/Blight Y N	Census Tract		

Page 4 of 7 Revised May 11, 2004

Existing Debt Schedule Form:

Creditor	Original Balance	Original Date	Present Balance	Interest Rate	Monthly Payment	Collateral Security
EXAMPLE: ABC Bank	\$25,000	May 2001	\$18,000	7.5%	\$850	Business assets
TOTAL						

Page 5 of 7 Revised May 11, 2004

Credit Release Authorization

(Dlagge print or type)

I / we hereby request and authorize you to release to the City of Cincinnati, the Grow America Fund, Inc. and/or the National Development Council for verification purposes, personal and corporate credit reports, and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary in connection with a consumer credit report for my program application.

This information is for the confidential use of the City of Cincinnati and/or the Grow America Fund, Inc. in compiling a credit report.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature (s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

The City of Cincinnati and/or the Grow America Fund, Inc. may impose a charge for each personal and business credit report ordered.

(1 tease print or type.)			
Name of Business:			
Telephone:	()	_	
Date:			
Name of Officer/Owner: Address for last two years: Social Security #: Signature			
Name of Officer/Owner: Address for last two years:			
Social Security #:			
Signature			

Page 6 of 7 Revised May 11, 2004

CINCINNATI SMALL BUSINESS LOAN FUNDS

Applicant Employment Eligibility Data

I. GENERAL INFORMATION					
Name of Business :					
Type of Business:					
Federal Tax I.D.:					
Address:					
Telephone:	Fax:				
II. EMPLOYMENT & JOB CREATIO	N INFORMATION				
Number of Current Employees:					
Full Time:	Part Time:	Seasonal			
Number of Employees Projected in 1	Three Years:				
Full Time :	Part Time:	Seasonal:			
Please indicate position type(s):					
Management	Administrative:	Support:			
Skillad	Unskilled	Othor			
Skilled Other: Total Number of New Jobs Created with Loan Proceeds:					
Total Number of Jobs					
III. BORROWER CERTIFICATION STATEMENT & SIGN-OFF					
AT APPLICATION:					
Name:	Date	e:			
Position:					
AT CLOSING:					
Name: Position:	Date	e:			

Page 7 of 7 Revised May 11, 2004